

Please Stand By

You will hear silence until
the presentation begins

- ❑ The HIV/STD/TB/Hepatitis Program, Division of Disease Control, conducts Lunch and Learn Webinars for health-care professionals in North Dakota.
- ❑ Each month a new topic will be held from 12:00 p.m. to 1:00 p.m. CST on the fourth Wednesday of the month, with exceptions during holidays.
- ❑ Next month's L&L topic:
Men Who Have Sex with Men (MSM)
September 30, 2015
Register: <http://www.ndhealth.gov/HIV/events.htm>

- Please complete the post-test to receive CEU's for this presentation. You must score at least 70% to receive credit.

This presentation will be archived and available for review on:

www.ndhealth.gov/HIV/Resources/resources.htm

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Lutheran
Social
Services
of North Dakota

Refugee Resettlement Program

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Overview



- What makes someone a refugee?
 - How do they get here?
- What happens after they get here?
 - Cultural Differences
 - LSS/ND's role

A Refugee is ...



A person who "owing to a well-founded fear of being persecuted for reasons of **race, religion, nationality, membership of a particular social group, or political opinion**, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country"



Pre-Escape



War, severe discrimination or persecution often make it too dangerous for people to remain in their homeland. This stage is characterized by:

- Fear of detection
- Anxiety about conditions
- Pressure about escape
- Fear of persecution
- Anticipated sadness over losses



Photo Credit: www.3cr.org.au

Why do they leave their country?



- Refugees leave their countries because of war or persecution due to their nationality, race, religion, political opinion or membership in a group.

•What is Persecution?

While there is no universally accepted definition of persecution, threats to life or freedom are always considered persecution when they occur because of a person's:

Race Religion Nationality Political opinion Membership in a particular social group

Other serious violations of human rights also constitute persecution, including:

Slavery

Prolonged detention without a charge/trial

Torture

Overwhelming discrimination

- Note: Not all unfair or unjust treatment is considered persecution. Assessments of persecution are made on a case by case basis.



Escape



- Fearful for their safety or lives, refugees are forced to flee. They may leave secretly or are chased out. Many die trying to escape.

Those lucky enough to escape their country are refugees.

- During their Escape, Refugees May Experience:

- | | |
|---------|------------------------|
| •Panic | •Fatigue |
| •Shock | •Separation |
| •Fear | •Fear of victimization |
| •Danger | •Fear of being |
| •Hunger | detected or caught |
| | in the crossfire |



Displaced people from the minority Yazidi sect, fleeing the Islamic State in Sinjar, walk towards the Syrian border

www.ibtimes.co.uk



Refugees fleeing by sea

blog.ted.com



● A boat with refugees sinks in the Mediterranean sea

telegraph.co.uk ●

The Refugee Camp



- The average stay in a refugee camp is anywhere from a few months to decades. Many camps are heavily guarded, surrounded by barbed wire. Refugees are sometimes treated cruelly by guards. Most camps are operated by the United Nations and receive help from donor countries. The refugees await solutions to the problems in their homelands.

Zaatari refugee camp in Jordan: Home to 144,00 Refugees



Photo Credit: US Dept of State

Dadaab Camp in Kenya: Home to 350,000 Refugees



Photo Credit: UNHCR

The Refugee Camp Experience is Characterized By:



- Boredom
- Shock
- Depression
- Anger
- Hope mingled with disappointment
- Adjustment to new living conditions
- Hopelessness
- Fear of the unknown
- Culture shock
- Survivor's guilt
- Helplessness
- Powerlessness
- Self-doubt
- Struggle to meet survival needs
- Confusion

Life in Refugee Camps:



- Very basic health care available
- Basic education
- No citizenship or authority to work outside the camp
- Over Crowded and Under-supplied
- Exposed to diseases and behavioral health issues
- Alcoholism and addiction
- Poor safety
- Huge crime-rates including domestic abuse, and rape
- Harsh conditions

Voluntary Repatriation



If changes happen in their homeland making it safe to return home, refugees are **repatriated**. This is the first hope for those forced to leave their homeland. Unfortunately, this seldom happens quickly, if ever. The feelings repatriated refugees experience include:

- Fear of reprisal
- Anticipation of reunions with friends and family
- Fear that deaths of loved ones will be confirmed
- Fear that loss of possessions will be confirmed
- Fear of government's intentions
- Concern about re-integration

Other Options



- **Citizenship/ Integration in Host Country**
 - Political challenges, cultural conflicts etc.
- **Resettlement**
 - There are anywhere from 12-16 million refugees in the world at present
 - United States resettles 70,000 a year (60% of total resettlement load)
 - Other countries such as Australia and Scandinavian nations do resettlement. (40% of total resettlement load)

Interview for Resettlement



The **United Nations officials** interview people to determine if their situation “qualifies” them as refugees. Only those who can prove they are escaping persecution and are unable to return home are eligible to ask to go to another country.

If they ask to go to the U.S., refugees are then interviewed by the **U.S. Refugee Program officials** and **U.S. Citizenship and Immigration Services officials** to determine if they meet our eligibility requirements. The U.S. is stricter than the U.N. For instance, fleeing due to famine is considered economic migration not persecution by the U.S.

Approval and Flight



Refugees who are approved to come to the U.S. do undergo background checks, & are given a health screening and cultural orientation.

Refugees sign a **travel loan document** agreeing to pay back the cost of the flight. For a family of 5, this can be \$7,500 to pay back.

As refugees come to the U.S., they are assigned to a **Refugee Resettlement Agency (LSS/ND)** where they receive assistance and guidance as they begin their new lives. LSS/ND assists them with employment, school registration, medical assistance, housing, job training, case management services, cultural orientation & education.

History of Refugee Resettlement



at LSS-ND

1940s	1950-60s*	1970s	1980s	1990s	2001-present
Germany Latvia Lithuania Estonia Languages: German Latvian Lithuanian Estonian Russian	Cuba Uganda Dominican Republic Languages: Spanish Ganda, Luganda, other Niger-Congo languages <small>*While resettlement to the United States was occurring from these countries during this period,</small>	Vietnam Cambodia Laos Kurdistan* Languages: Vietnamese Khmer Laotian Kurdish <small>*Refers to four parts of a greater Kurdistan, which include parts of southeastern Turkey, northern</small>	Ukraine Russia Armenia Vietnam Kurdistan Languages: Ukrainian Vietnamese Russian Armenian Kurdish	Bosnia South Sudan Somalia Cuba Languages: Bosnian Arabic Dinka Duer Somali Kuku Spanish	Bhutan North and South Sudan Iraq Dem. Rep. of the Congo Somalia Cuba Liberia Rwanda Burundi Sierra Leone Ethiopia Languages: Arabic, Dzongkha Kinyarwanda, Kirundi Napali, French Lingala, Somali, Krahn, Spanish

Refugee Numbers



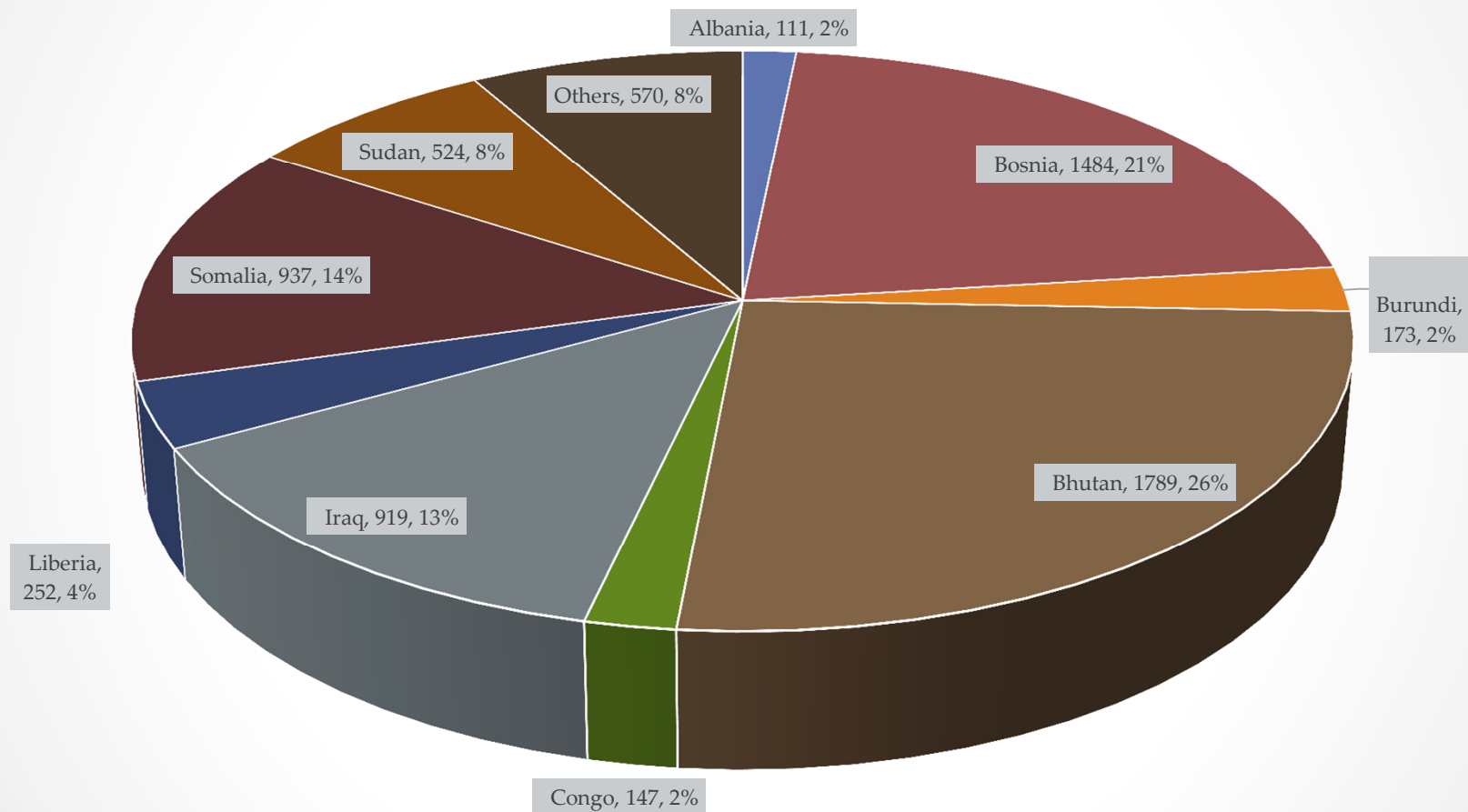
- Texas (7,000) - California (6,000) -New York (4,000)
- Michigan (4,000) - Florida (3,500)
- Arizona, Ohio, Pennsylvania, Georgia, Illinois, Washington,
North Carolina, Minnesota (2,500+ each)

- **ND Resettles about 475 a year.** Fargo (350), Grand Forks (90), and
Bismarck (35)

- Except for Wyoming, all States resettle refugees.

Refugees in ND

ND Resettlement 1997- July, 2015



Language Spoken: Nepali, Bosnian, Somali, Arabic/ Kurdish, Swahili, French, Kirundi, Albanian etc.

Challenges after Resettlement



- **Language**
 - **Culture**
 - Schools
 - American appliances
 - **Transportation**
 - Bills
 - Budget
 - Banking
 - Prejudice/ Discrimination
 - **Well-being**
 - **Substance Abuse**
 - Climate
 - **Loss**
 - **Navigating**
- Americans' knowledge of refugees
 - Awareness
 - Who are refugees
 - Cultural competency
 - Understanding refugees are legal United States Residents
 - Confusion with Illegal Aliens
 - Health concerns
 - Assumptions/ Stereotype

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LSS/ND's role



- **EMPLOYMENT!**
 - Pre & Post-Arrival Services
 - Linkage & Timely Referrals
 - Case Management- addressing self-sufficiency
 - Immigration & Interpreting Services
 - Education to clients- Community orientation
- Law Schools HealthCare Weather Apartment Rental Banking Weather Driver's License etc.
- Awareness and information in the community

THE U.S. REFUGEE ADMISSIONS PROGRAM AND DOMESTIC REFUGEE HEALTH PROGRAM

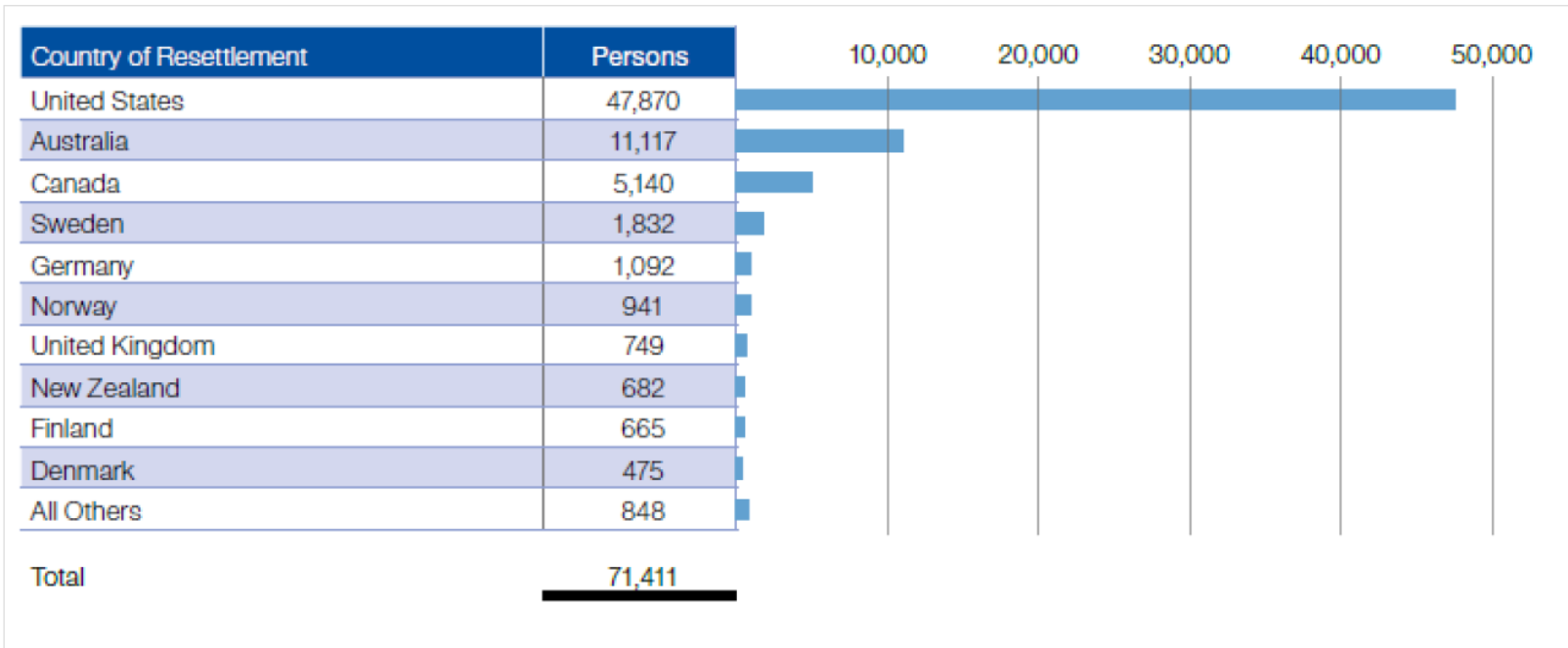


NORTH DAKOTA
DEPARTMENT *of* HEALTH

DEE PRITSCHET, TB CONTROLLER

NORTH DAKOTA DEPARTMENT OF HEALTH

Top Ten Resettlement Countries



Source: UNHCR Resettlement Departures in 2013

The U.S. is the leading resettlement country!

Slide courtesy of the Refugee Council USA (RCUSA)

U.S. Refugee Resettlement Program

The U.S. Refugee Resettlement Program is a private public partnership and has been providing safe haven to refugees since 1975.

The three-millionth refugee arrived in February of 2012!

U.S. Refugee Resettlement Program

Annually, the President, in consultation with Congress, determines the authorized target for refugee admissions.

The target for federal Fiscal Year 2015 is 70,000 refugees and 7,000 Special Immigrant Visa (SIV) recipients.

Regional Targets

Region	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
Africa	15,500	15,000	12,000	12,000	15,000	17,000	20,000
East Asia	17,000	19,000	18,000	17,000	14,000	13,000	13,000
Europe and Central Asia	2,500	2,000	2,000	2,000	1,000	1,000	4,000
Latin America and the Caribbean	5,000	5,500	5,500	5,000	5,000	4,000	4,000
Near East and South Asia	35,000	35,500	35,500	31,000	33,000	33,000	28,000
Unallocated Reserve	5,000	3,000	3,000	3,000	2,000	2,000	1,000
Total:	80,000	80,000	76,000	70,000	70,000	70,000	70,000

Slide courtesy of the Refugee Council USA (RCUSA)

Top Nationalities

	Nationality	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015*	Total
1	Burma	16,693	16,972	14,160	16,299	14,598	9,595	88,317
2	Iraq	18,016	9,388	12,163	19,488	19,769	8,490	87,314
3	Bhutan	12,363	14,999	15,070	9,134	8,434	2,849	62,849
4	Somalia	4,884	3,161	4,911	7,608	9,000	5,208	34,772
5	Cuba	4,818	2,920	1,948	4,205	4,062	1,093	19,046
6	Dem. Rep. Congo	3,174	977	1,863	2,563	4,540	3,373	16,490
7	Iran	3,543	2,032	1,758	2,578	2,846	1,544	14,301
8	Eritrea	2,570	2,032	1,346	1,824	1,488	809	10,069
9	Sudan	558	334	1,077	2,160	1,315	535	5,979
10	Ethiopia	668	560	620	765	728	320	3,661
11	Afghanistan	515	428	481	661	753	480	3,318
12	Ukraine	449	428	372	227	490	858	2,824
13	Palestine	1,053	136	141	164	141	78	1,713
14	Moldova	356	331	255	119	142	255	1,458
15	Burundi	530	110	186	193	68	225	1,312
16	Vietnam	891	119	100	86	79	26	1,301
17	Colombia	123	46	126	230	252	408	1,185
18	Russia	326	165	197	125	139	174	1,126
19	Central African Republic	45	182	136	318	25	201	907
20	Syria	25	29	31	36	105	672	898

*As of May 15th, 2015

Slide courtesy of the Refugee Council USA (RCUSA)

Resettlement Agencies

Resettlement Agencies, also known as Voluntary Agencies (Volags) are non-governmental organizations that hold contracts with PRM to provide refugee resettlement services through the Reception and Placement (R&P) Program. There are currently nine national Resettlement Agencies that provide resettlement services through a network of nearly 350 local offices.

Resettlement Support Centers



Slide courtesy of the Refugee Council USA (RCUSA)

NATIONAL RESETTLEMENT AGENCIES



Lutheran Immigration and Refugee Service



Episcopal Migration Ministries



Welcome the stranger.
Protect the refugee.



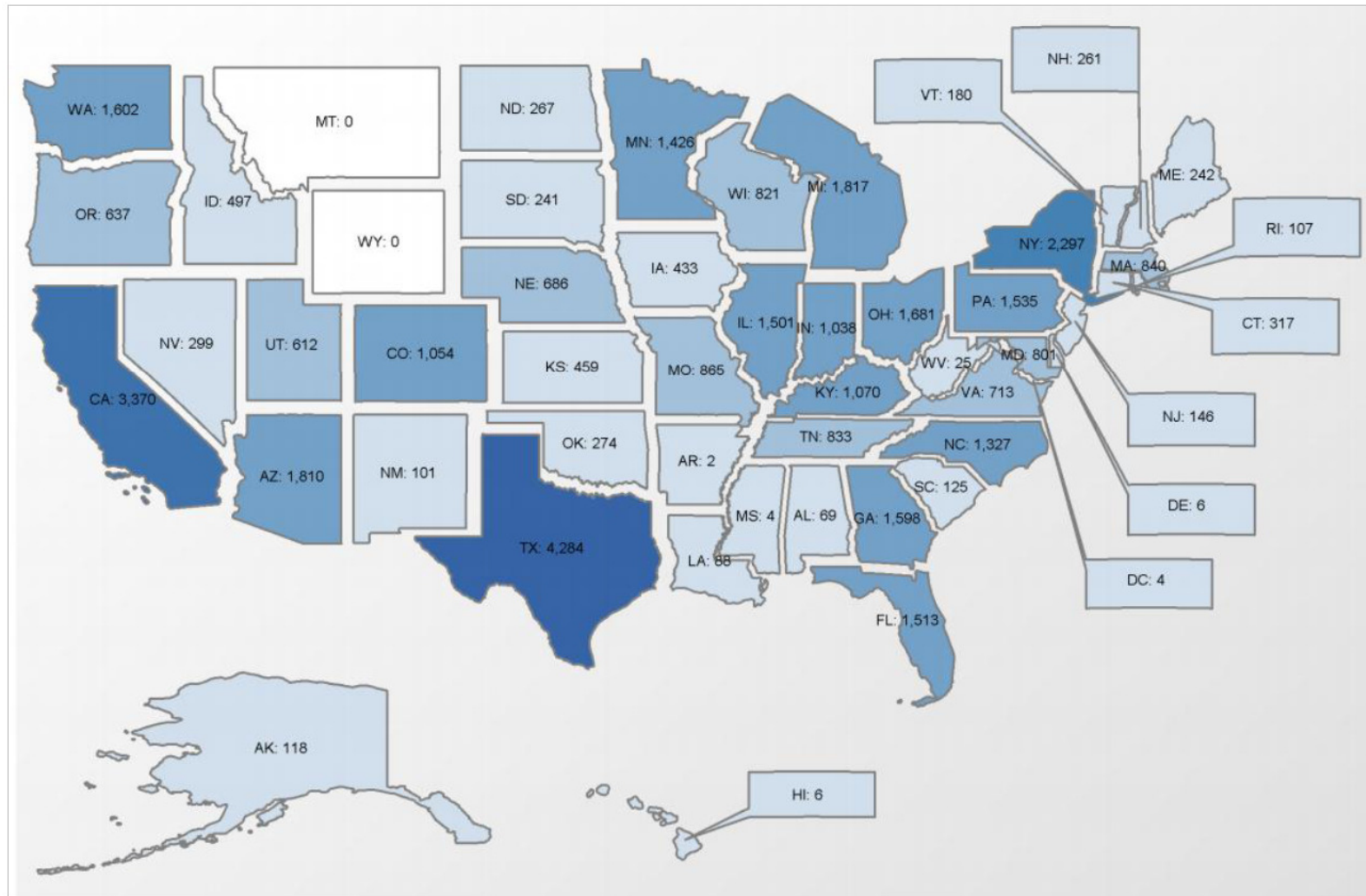
UNITED STATES CONFERENCE OF
CATHOLIC BISHOPS



Slide courtesy of the Refugee Council USA (RCUSA)



Arrivals by State



Slide courtesy of the Refugee Council USA (RCUSA)

DOMESTIC REFUGEE HEALTH PROGRAM

- The Domestic Refugee Health Program was established to facilitate collaboration between the Division of Global Migration and Quarantine, (DGMQ) Centers for Disease Control and Prevention, (CDC) and its domestic partners to:
 - improve the health-care of refugees after their arrival in the United States
 - initiate surveillance activities to monitor medical conditions identified post-arrival
 - work together to ensure adequate follow-up of refugees with medical conditions identified overseas
 - strengthen the resources available for post-arrival health assessments and follow-up activities

IMMIGRATION BACKGROUND DEFINITIONS

▪An **immigrant** is an alien admitted to the United States as a lawful permanent resident. Permanent residents are also commonly referred to as immigrants; however, the Immigration and Nationality Act (INA) defines an immigrant as any alien legally admitted for permanent residence in the United States, except for persons legally admitted under specific nonimmigrant categories.

▪A **refugee** is any person who is outside the country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. Refugees are required to apply for Legal Permanent Resident status one year after entry into and physical presence in the United States.

▪An **asylee** is an alien already in the United States or at a port of entry who is found to be unable or unwilling to return to his or her country of nationality or to seek the protection of that country because of persecution or a well-founded fear of persecution, as defined in the refugee category above.

▪A **Certified Victim of Trafficking** is an individual 18 years of age or older who has been subjected to a severe form of trafficking and who has been certified by the U.S. Department of Health and Human Services, Office of Refugee Resettlement (ORR) based on the Trafficking Victims Protection Act of 2000. A Certified Victim of Trafficking is eligible for ORR-funded services and benefits to the same extent as refugees.

▪A **parolee** is an alien who appears to be inadmissible to the inspecting officer but who is permitted entry into the United States for urgent humanitarian reasons or if entry is determined to be for significant public benefit. Under the immigration laws, parole does not constitute a formal admission to the United States and confers only a temporary status to the parolee, requiring him or her to depart the U.S. when the conditions supporting the parole cease to exist.

▪A **Cuban or Haitian entrant** is (a) any individual granted parole status (by the Department of Homeland Security) as a Cuban/Haitian Entrant (Status Pending...); and (b) Any other national of Cuba or Haiti (1) who: (i) was paroled into the United States and has not acquired any other status under the INA; (ii) is the subject of exclusion or deportation proceedings under the INA; or (iii) has an application for asylum pending with DHS; and (2) with respect to whom a final, nonappealable, and legally enforceable order of deportation or exclusion has not been entered.

▪An **Internally Displaced Person** is a person who has been forced to flee his or her home for the same reasons as a refugee but has not crossed an internationally recognized border.

▪A **nonimmigrant** is an alien who seeks temporary entry to the United States for a specific purpose. The alien must have a permanent residence abroad (for most classes of admission) and qualify for the nonimmigrant classification sought. The nonimmigrant classifications include foreign government officials, visitors for business and for pleasure, aliens in transit through the United States, treaty traders and investors, students, international representatives, temporary workers and trainees, representatives of foreign information media, exchange visitors, fiance(e)s of U.S. citizens, intracompany transferees, NATO officials, religious workers, and some others. Most nonimmigrants can be accompanied or joined by spouses and unmarried minor (or dependent) children.

▪An **adjustment of status** is a procedure allowing certain aliens already in the United States to apply for immigrant status. Aliens admitted to the United States in a nonimmigrant, refugee, or parolee category may have their status changed to that of lawful permanent resident if they are eligible to receive an immigrant visa and one is immediately available.

WHAT IS CDC'S ROLE IN IMMIGRATION?

- Under the authority of the Immigration and Nationality Act and the Public Health Service Act, the Secretary of Health and Human Services promulgates regulations outlining the requirements for the medical examination of aliens seeking admission into the United States and for those applying for permanent resident status.
- The Division of Global Migration and Quarantine of the Centers for Disease Control and Prevention provides the Department of State (DOS) and the U.S. Citizenship and Immigration Services (USCIS) of the Department of Homeland Security (DHS) with medical screening guidelines for all examining physicians, which outline in detail the scope of the medical examination.
- *The purpose of the medical examination is to identify, for the DOS and USCIS, applicants with inadmissible health-related conditions.*

CAN AN HIV-POSITIVE REFUGEE BE DENIED ADJUSTMENT TO LAWFUL PERMANENT RESIDENT BECAUSE OF HIS/HER HIV STATUS?

- An HIV-positive refugee will not be denied adjustment of status to lawful permanent resident solely because of his/her HIV status.
- Ban lifted January 4, 2010
- At the time of application for adjustment of status, the refugee applies for a new I-602 waiver and must again identify a U.S. health-care provider.
- A new medical examination is required for adjustment of status.

WHAT IS CDC'S ROLE IN MEDICAL SCREENING?

The Division of Global Migration and Quarantine, CDC, provides the technical instructions and guidance to physicians conducting the medical examination for immigration.

The health-related grounds include those aliens who have:

- a communicable disease of public health significance
- who fail to present documentation of having received vaccination against vaccine-preventable diseases (immigrants only)
- who have or have had a physical or mental disorder with associated harmful behavior
- who are drug abusers or addicts

PURPOSE OF REFUGEE MEDICAL EXAM

- Communicable disease detection.
- Treatment to ensure refugees are fit for travel.
- Medical escort arrangements for those we require assistance during travel

NOT A COMPREHENSIVE MEDICAL EXAM

WHO PERFORMS THE MEDICAL EXAMINATION?

Outside the United States, medical examinations are performed by physicians called panel physicians, who are selected by Department of State Consular Officials.

What is a panel physician?

- A panel physician is a physician outside the United States who performs the medical examinations for refugees and individuals applying for an immigrant visa. These physicians are selected by Department of State Consular Officials.

In the United States, medical examinations are performed by physicians called civil surgeons, who are designated by district directors of the USCIS.

What is a civil surgeon?

- A civil surgeon is a physician who performs medical examinations in the United States for aliens applying for adjustment of their immigration status to that of permanent resident. These physicians are designated by district directors of the U.S. Citizenship and Immigration Service.
 - In North Dakota, when a civil surgeon is not available an infectious disease physician or primary care physician may perform the medical examination.

WHO IS REQUIRED TO HAVE A MEDICAL EXAM PRIOR TO ARRIVAL IN THE UNITED STATES?

- A medical examination is mandatory for all refugees coming to the United States and all applicants outside the United States applying for an immigrant visa.
- Aliens in the United States who apply for adjustment of their immigration status to that of permanent resident are also required to be medically examined.
- Aliens applying for nonimmigrant visas (temporary admission) may be required to undergo a medical examination at the discretion of the consular officer overseas or immigration officer at the U.S. port of entry, if there is reason to suspect that an inadmissible health-related condition exists.

WHAT IS THE ALLOWABLE TIME INTERVAL BETWEEN THE OVERSEAS EXAMINATION (VALIDITY PERIOD) AND U.S. ARRIVAL?

- The allowable time interval between the completion of the overseas examination and U.S. arrival is 12 months.
- If the applicant has a Class A or TB classification, the interval is 6 months.
- For Hmong and Burmese refugees resettling from Thailand, the allowable time interval between the overseas examination and U.S. arrival is 3 months, regardless of whether the refugee has a TB classification.
- For Class B1 refugees, the 3-month interval begins when the culture results are reported; culture results are usually reported within 8 weeks of sputum collection.

WHAT ARE CLASS A AND CLASS B CONDITIONS?

CLASS A CONDITION

DISORDERS THAT, IF IDENTIFIED DURING THE MEDICAL EXAMINATION OF AN ALIEN, ARE GROUNDS FOR EXCLUSION

- active or infectious tuberculosis
- untreated syphilis
- untreated chancroid
- untreated gonorrhea
- untreated granuloma inguinale
- untreated lymphogranuloma venereum
- human immunodeficiency virus
- Hansen's disease
- addiction or abuse of specific substance without harmful behavior and/or any physical or mental disorder with harmful behavior or history of such behavior, along with likelihood that behavior will recur

CLASS B CONDITION

DISORDERS THAT, IF IDENTIFIED DURING THE MEDICAL EXAMINATION OF AN ALIEN THAT REPRESENT SIGNIFICANT HEALTH PROBLEMS.

- inactive or noninfectious tuberculosis
- treated syphilis
- other sexually transmitted diseases
- pregnancy
- treated, tuberculoid, borderline or paucibacillary Hansen's disease
- sustained, full remission of abuse of specific substances* and/or any physical or mental disorder (excluding addiction or abuse of specific substances but including other substance-related disorders) without harmful behavior or history of such behavior considered unlikely to recur (*amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics and anxiolytics)

Medical Exams

Class A Conditions (See Worksheets DS-3025, DS-3026, DS-3030)

- | | |
|--|--|
| <input type="checkbox"/> Tuberculosis disease | <input type="checkbox"/> Hansen's Disease, untreated multibacillary or paucibacillary |
| <input type="checkbox"/> Syphilis, untreated | <input type="checkbox"/> Addiction or abuse of specific substance on the CSA |
| <input type="checkbox"/> Chancroid, untreated | <input type="checkbox"/> Any physical or mental disorder (<i>including other substance-related disorder</i>) with harmful behavior or history of such behavior likely to recur |
| <input type="checkbox"/> Gonorrhea, untreated | <input type="checkbox"/> Immigrant visa applicant refuses vaccinations |
| <input type="checkbox"/> Granuloma inguinale, untreated | |
| <input type="checkbox"/> Lymphogranuloma venereum, untreated | |

Class B Conditions (See Worksheets DS-3025, DS-3026, DS-3030)

Tuberculosis

- | | |
|--|---|
| <input type="checkbox"/> B1 TB, Pulmonary | <input type="checkbox"/> Syphilis, treated within last year |
| <input type="checkbox"/> B1 TB, Extrapulmonary | <input type="checkbox"/> Any physical or mental disorder (<i>excluding addiction or abuse of specific substance on the CSA but including other substance-related disorder</i>) without harmful behavior or history of such behavior unlikely to recur |
| <input type="checkbox"/> B2 TB, LTBI Evaluation | <input type="checkbox"/> Sustained, full remission of addiction or abuse of specific substance on the CSA |
| <input type="checkbox"/> B3 TB, Contact Evaluation | |

Hansen's Disease

- ☐ Multibacillary, treated
- ☐ Paucibacillary, treated

WHAT STD SCREENING TESTS ARE DONE OVERSEAS ON REFUGEES?

- The sexually transmitted diseases that are screened/tested for are:
 - HIV
 - Syphilis
 - Chancroid
 - Gonorrhea
 - Granuloma inguinale
 - Lymphogranuloma venereum
- The medical history and physical examination must include a search for symptoms or lesions consistent with these diseases.
- Further testing should be done as necessary to confirm a suspected diagnosis.
- Routine laboratory testing is performed only for HIV and syphilis.

AT WHAT AGE ARE REFUGEES SCREENED OVERSEAS FOR SYPHILIS AND HIV?

- All applicants 15 years of age or older must be tested for evidence of syphilis and HIV infection.
- Applicants under the age of 15 must be tested for HIV if there is reason to suspect HIV infection (e.g., a child with hemophilia or a child whose mother or father is HIV positive).
- Applicants under the age of 15 must be tested for syphilis if there is reason to suspect infection with syphilis.

IF AN OVERSEAS BLOOD SCREENING REVEALS SYPHILIS, WHAT PROCEDURE ARE THE OVERSEAS PANEL PHYSICIANS FOLLOWING TO ASSESS WHETHER THE CONDITION IS ACTUALLY SYPHILIS AND NOT ANOTHER TREPONEMAL INFECTION?

- If the screening test is positive, a confirmatory test must be done.
- The applicant must be treated by using a standard treatment regimen before he/she can travel to the United States.
- Once the recommended treatment is completed, syphilis is no longer considered a Class A condition.
- Post-treatment, the syphilis would be considered a Class B condition only if the applicant has some residual disability (e.g., an individual treated for neurosyphilis who has a residual neurologic abnormality).

ARE HEPATITIS PANELS ROUTINELY DONE ON ALL REFUGEES OVERSEAS?

- Hepatitis panels are not routinely done on refugees overseas.

WHO IS REQUIRED TO HAVE VACCINATIONS AS PART OF THE MEDICAL SCREENING?

▪ On September 30, 1996, the U.S. Congress amended the Immigration and Nationality Act by adding to the health-related grounds of inadmissibility a new subsection, “Proof of Vaccination Requirements for Immigrants.”

- This subsection requires any person who seeks an immigrant visa to show proof of having received vaccination against vaccine-preventable diseases, as recommended by the U.S. Advisory Committee on Immunization Practices.

▪ The U.S. Immigration and Naturalization Service – now Department of Homeland Security, United States Citizenship and Immigrant Service – has determined that the vaccination requirements do not apply to refugees and nonimmigrants at the time of their initial admission to the United States.

- However, refugees and V (spouses or children of permanent residents) and K (fiancé(e) of permanent resident) visa holders in the U.S. must comply with the vaccination requirements when they apply for adjustment of status to Legal Permanent Resident
 - for refugees this application occurs one year after arrival in the United States.

IS THE POST-ARRIVAL MEDICAL SCREENING MANDATORY FOR IMMIGRANTS AND REFUGEES WHO HAVE B1 OR B2 TUBERCULOSIS CLASSIFICATIONS?

- The post-arrival medical screening for immigrants and refugees with TB conditions is not mandatory, but it is highly recommended that the assessment be done.
- Any follow-up examination should be completed within 30 days post-arrival.

WHAT ARE THE POST-ARRIVAL REQUIREMENTS FOR HEALTH ASSESSMENTS OF HIV-POSITIVE REFUGEES?

- The health-care provider should perform an initial evaluation, counseling, and follow-up for the refugee.
- The post-arrival HIV(+) health assessment is procedurally distinct from the standard post-arrival health assessment.
- CDC should receive a copy of a letter from the health-care provider stating that the refugee has received an initial evaluation.
- For more information, see the USCIS Adjudicator's Field Manual on the USCIS website at <http://www.uscis.gov>.

NOTIFICATIONS & THE ELECTRONIC DISEASE NOTIFICATION (EDN) SYSTEM

- The DS forms are Department of State forms used to collect the medical screening results from the overseas examinations.
- All immigrant visa and refugee applicants must undergo a physical examination and mental status assessment as part of their application process.
- The panel physicians complete these forms overseas, and the refugee carries copies to the United States. After processing the documents of the refugee or immigrant at the Port of Entry, the CDC Quarantine Station sends the DS forms to the state or local health department at the refugee's or immigrant's destination.
- These forms, located at the U.S. Department of State website, <http://www.state.gov/>, include the U.S. Department of State Medical Examination for Immigrant or Refugee Applicant (DS-2053) and the associated worksheets:
 - DS-3024 (Chest X-Ray and Classification Worksheet)
 - DS-3025 (Vaccination Documentation Worksheet)
 - DS-3026 (Medical History and Physical Examination Worksheet)

WHAT IS EDN?

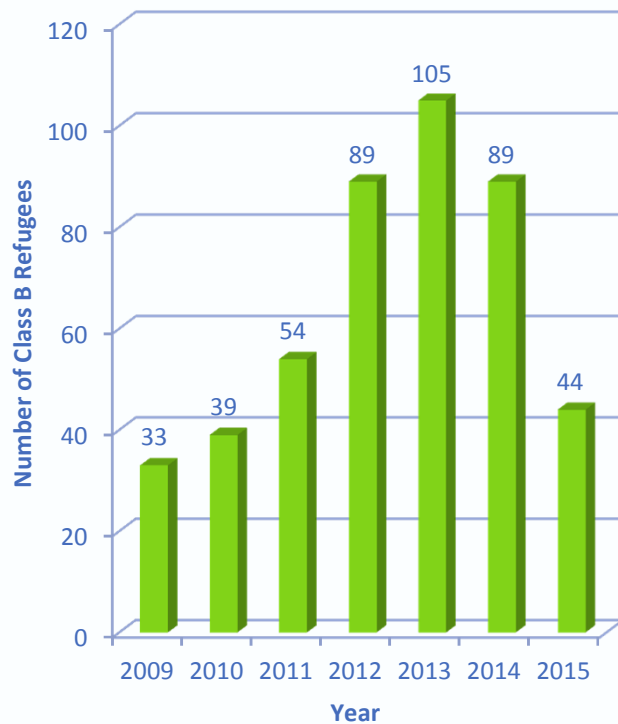
■ The Electronic Disease Notification (EDN) system is a web-based system that improves and automates the process that notifies state or local health officials of the arrival of immigrants with notifiable conditions and refugees to their jurisdictions.

■ EDN provides relevant overseas medical screening and treatment information for stateside follow-up.

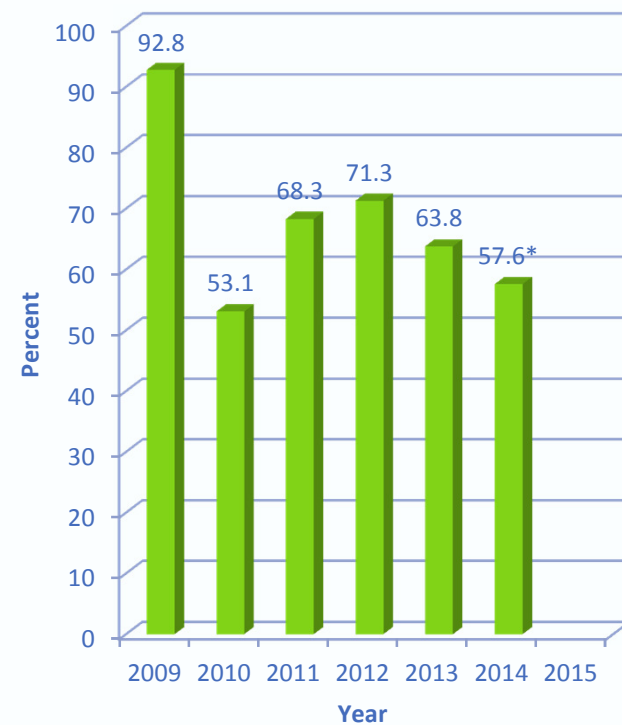
EDN TB Follow-Up Worksheet			
A. Demographic		Last reviewed: 6/21/2013	
A1. Name (Last, First, Middle):	A2. Alien #:	A3. Visa type:	A4. Initial U.S. entry date:
A5. Age:	A6. Gender:	A7. DOB: ____/____/____	A8. TB Class:
A9. Country of examination:		A10. Country of birth:	
A11a. Address:		A12. a. Sponsor agency name:	
A11b. Phone:		b. Phone(s):	
A11c. Other:		c. Address:	
B. Jurisdictional Information			
B1. Arrival jurisdiction:		B2. Current jurisdiction:	
C. U.S. Evaluation			
C1. Date of Initial U.S. medical evaluation: ____/____/____			
Mantoux Tuberculin Skin Test (TST)		Interferon-Gamma Release Assay (IGRA)	
C2a. Was a TST administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		C3a. Was IGRA administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If YES, C2b. TST placement date: ____/____/____		If YES, C3b. Date collected: ____/____/____	
<input type="checkbox"/> Placement date unknown		<input type="checkbox"/> Date unknown	
C2c. TST mm: ____ <input type="checkbox"/> Unknown		C3c. IGRA brand: <input type="checkbox"/> QuantiFERON® <input type="checkbox"/> T-SPOT	
C2d. TST interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative		C3d. Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	
<input type="checkbox"/> Unknown		<input type="checkbox"/> Invalid <input type="checkbox"/> Unknown	
C2e. History of Previous Positive TST <input type="checkbox"/>		C3e. History of previous positive IGRA <input type="checkbox"/>	
U.S. Review of Pre-Immigration CXR		U.S. Domestic CXR	
C4. Pre-immigration CXR available?		C7. U.S. domestic CXR done?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Verifiable		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
C5. U.S. interpretation of pre-immigration CXR:		If YES, C8. Date of U.S. CXR: ____/____/____	
<input type="checkbox"/> Normal		C9. Interpretation of U.S. CXR:	
<input type="checkbox"/> Abnormal (must select one below):		<input type="checkbox"/> Normal	
<input type="checkbox"/> Not consistent with active TB		<input type="checkbox"/> Abnormal (must select one below):	
<input type="checkbox"/> Non-cavitary, consistent with TB		<input type="checkbox"/> Not consistent with active TB	
<input type="checkbox"/> Cavitary, consistent with TB		<input type="checkbox"/> Non-cavitary, consistent with TB	
<input type="checkbox"/> Poor Quality		<input type="checkbox"/> Cavitary, consistent with TB	
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	
C6. Other pre-immigration CXR abnormalities:		C10. U.S. domestic CXR abnormalities:	
<input type="checkbox"/> Volume loss <input type="checkbox"/> Infiltrate <input type="checkbox"/> Granuloma(ta)		<input type="checkbox"/> Volume loss <input type="checkbox"/> Infiltrate <input type="checkbox"/> Granuloma(ta)	
<input type="checkbox"/> Adenopathy <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Adenopathy <input type="checkbox"/> Other (specify)	
U.S. Review of Pre-Immigration Treatment			
C12a. Completed treatment pre-immigration? <input type="checkbox"/> Yes <input type="checkbox"/> No		C13. Arrived on treatment?	
If YES, <input type="checkbox"/> Treated for TB disease <input type="checkbox"/> Treated for LTBI		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
C12b. Treatment start date: ____/____/____ <input type="checkbox"/> Start date unknown		If YES, <input type="checkbox"/> TB disease <input type="checkbox"/> LTBI	
C12c. Treatment end date: ____/____/____ <input type="checkbox"/> End date unknown		C13a. Start date: ____/____/____ <input type="checkbox"/> Start date unknown	
C12d. Treatment reported by:		C14: Pre-Immigration treatment concerns?	
<input type="checkbox"/> Treatment documented on DS forms		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Patient reported treatment completion <u>at</u> or <u>before</u> panel physician examination		If YES,	
<input type="checkbox"/> Both-documented on DS forms & patient reported		<input type="checkbox"/> Treatment duration too short	
<input type="checkbox"/> Unknown		<input type="checkbox"/> Incorrect treatment regimen	
C12e. Standard TB treatment regimen was administered?		<input type="checkbox"/> Other, please specify:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to verify			

CLASS A, B1 AND B2 NOTIFICATIONS 2009 – AUGUST 24, 2015

CLASS A AND CLASS B NUMBER OF NOTIFICATIONS IN NORTH DAKOTA



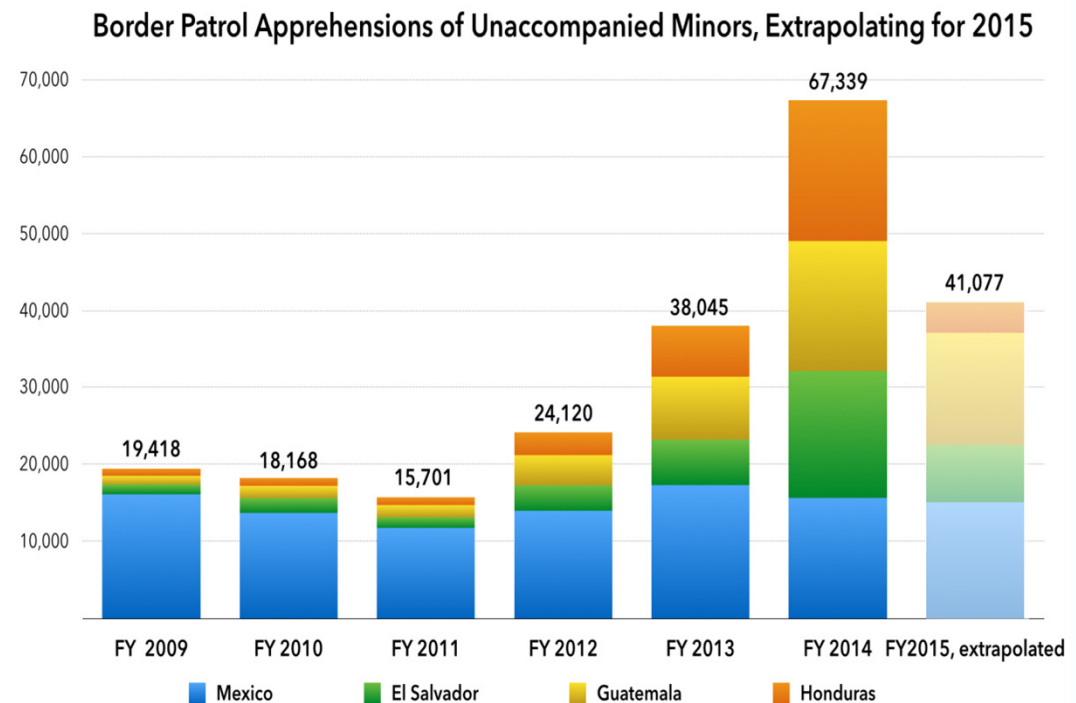
CLASS A AND CLASS B EVALUATION COMPLETION PERCENTAGE



*data incomplete

OFFICE OF REFUGEE RESETTLEMENT UNACCOMPANIED CHILDREN'S PROGRAM

- When a child who is not accompanied by a parent or legal guardian is apprehended by immigration authorities, the child is transferred to the care and custody of the Office of Refugee Resettlement (ORR).
- Federal law requires that ORR feed, shelter, and provide medical care for unaccompanied children until it is able to release them to safe settings with sponsors (usually family members), while they await immigration proceedings.
- These providers and their facilities are state-licensed, and they must meet the ORR requirements for quality care.



TUBERCULOSIS

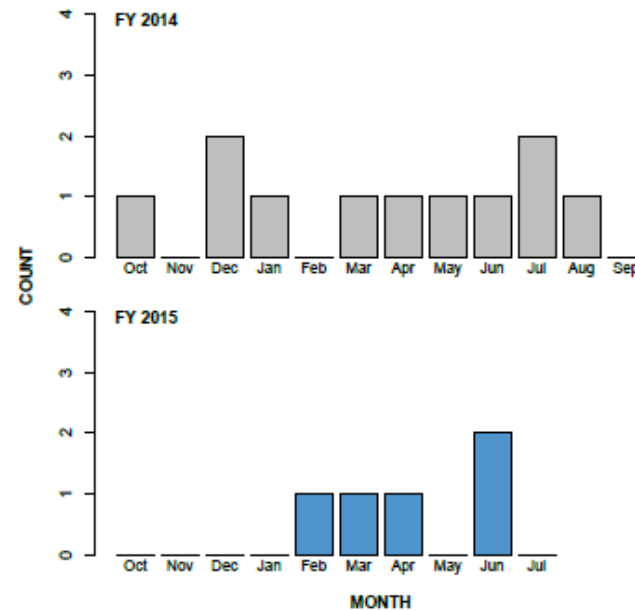
During fiscal year (FY) 2014 (October 1, 2013 to September 30, 2014), active tuberculosis (TB) disease was diagnosed in 11 children.

- One diagnosis was prior to ORR custody
- Ten diagnoses came as a result of routine TB screening

To date, TB has been diagnosed in 5 children in FY 2015.

All cases of TB meet the CDC definition for reporting.

Figure 1: Active Tuberculosis Disease, FY 2014 and 2015²



VARICELLA (CHICKENPOX)

During FY 2014

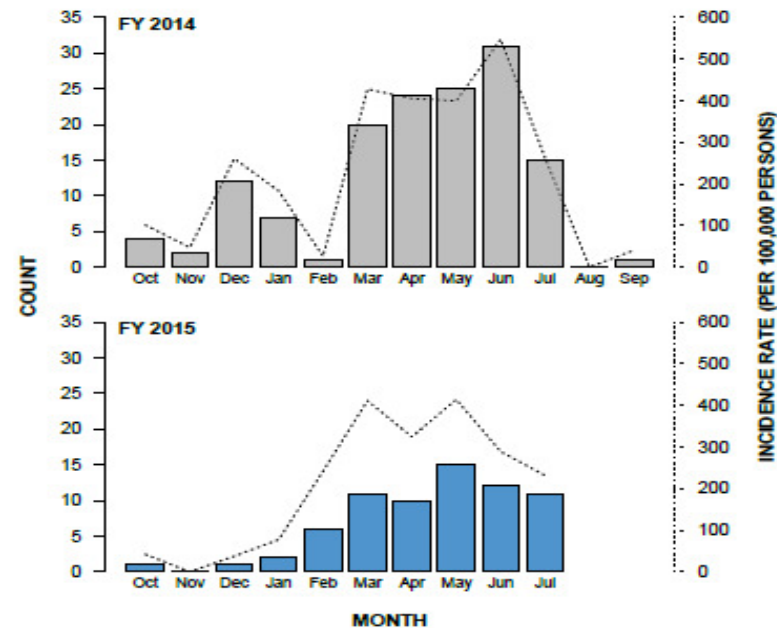
(October 1, 2013 to September 30, 2014),

varicella was diagnosed in 145 children.

To date, varicella has been diagnosed in 73 children in FY 2015.

FY 2015 counts may change because of reporting delays.

Figure 2: Varicella Counts and Incidence Rates by Month, FY 2014 and 2015²



OTHER ILLNESSES

Illness	July 2015 (N=4,752)		FY 2015 (N=24,956)	
	Count	Rate*	Count	Rate*
Measles	0	0.0	0	0.0
Mumps	0	0.0	0	0.0
Rubella	0	0.0	0	0.0
Pertussis	0	0.0	0	0.0
Meningococcal disease	0	0.0	0	0.0
Pneumococcal disease	0	0.0	0	0.0
Typhoid fever	0	0.0	1	4.7
Viral hemorrhagic fever	0	0.0	0	0.0

* Incidence rate per 100,000 persons.

INFLUENZA SENTINEL SURVEILLANCE

Two ORR programs in Texas serve as sentinel surveillance sites for influenza-like illness (ILI) in UC. Swabs from UC with ILI are tested with the Sofia Influenza A+B Fluorescent Immunoassay.

Reports are submitted weekly.

Since October 1st, 2014, four children with ILI have been reported from the two shelters: one each in October, December, April, and May.

Of the four, only the October ILI had a positive results for influenza (type B).

QUESTIONS?

